

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Andrea Peebles for Judge						Registration Number, if PAC	
Full Name of Candidate Andrew C. Peebles							
Street Address 21 E. State Street					Office Sought Franklin County Municipal Court Judge		District
City Columbus					State OH	Zip Code 43215	
Type of Report (place X to the left of report type)	Pre-Primary	Post-Primary	<input checked="" type="checkbox"/> Pre-General	Post-General	Annual Year		
	July Monthly	August Monthly	September Monthly	Termination	Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M D Y 11 08 05	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 8,894.41
2. Total monetary contributions (From Form No. 31-A)	\$ 15,432.34
3. Total other income (From Form No. 31-A-2)	\$ 7,500.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 31,826.75
5. Total monetary expenditures (From Form No. 31-B)	\$ 6,580.34
6. Balance on hand (line 4 minus line 5)	\$ 25,246.41
7. Value of in-kind contributions received (From Form No. 31-C)	\$ 730.00
8. Value of in-kind contributions made (From Form No. 31-D)	\$ 0
9. Outstanding loans owed by committee (From Form No. 31-E)	\$ 15,000.00
10. Outstanding debts owed by committee (From Form No. 31-F)	\$ 0
11. Outstanding loans owed to committee (From Form No. 31-G)	\$ 0
12. Value of independent expenditures made (From Form No. 31-H)	\$ 0
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received during period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Print Name and Title (Treasurer and Deputy Treasurer only)
John P. Corp. Treasurer

Signature
John P. Corp.

Date
10/27/05

Contribution
pages **26**

Expenditure
pages **2**

Other
pages **3**

Total
pages **31**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peebles for Judge									
Full Name of Contributor Cary M Hanosek						Registration Number, if PAC			
Street Address 1236 Castleton Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Upper Arlington		State OH	Zip Code 43220		M 0	D 7	Y 0	Amount 100.00	
Full Name of Contributor Tannisha D. Bell						Registration Number, if PAC			
Street Address 617 Worthington Forest Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43229		M 0	D 7	Y 0	Amount 10.00	
Full Name of Contributor Vernon Pringle						Registration Number, if PAC			
Street Address 5596 Winsor Woods Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus		State OH	Zip Code 43230		M 0	D 7	Y 0	Amount 20.00	
Full Name of Contributor Jane Drummond						Registration Number, if PAC			
Street Address 5602 Winsor Woods Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43230		M 0	D 6	Y 1	Amount 40.00	
Full Name of Contributor Susan Ashbrook						Registration Number, if PAC			
Street Address 2994 Crescent Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43204		M 0	D 6	Y 0	Amount 75.00	
Full Name of Contributor Douglas L Rogers						Registration Number, if PAC			
Street Address 2516 Sherwin Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 6	Y 2	Amount 250.00	
Full Name of Contributor Geri L. Johnson						Registration Number, if PAC			
Street Address 10308 Crestland Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH	Zip Code 45251		M 0	D 6	Y 1	Amount 50.00	
Full Name of Contributor Ethel Bates						Registration Number, if PAC			
Street Address 6400 Stoll Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Cincinnati		State OH	Zip Code 45236		M 0	D 6	Y 1	Amount 100.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peebles for Judge									
Full Name of Contributor Stephen McIntosh						Registration Number, if PAC			
Street Address 799 Nob Hill Drive West			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Gahanna	State OH	Zip Code 43230	M 07	D 18	Y 05	Amount 10.00			
Full Name of Contributor Vera Alexander						Registration Number, if PAC			
Street Address 1123 S. Washington Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Compton	State CA	Zip Code 90221	M 07	D 01	Y 05	Amount \$10.00			
Full Name of Contributor Cheryl Scott						Registration Number, if PAC			
Street Address 409 Kennedy Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Monticello	State AR	Zip Code 71655	M	D	Y	Amount 10.00			
Full Name of Contributor Della Nelson						Registration Number, if PAC			
Street Address 278 S. James Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus	State OH	Zip Code 43213	M 07	D 01	Y 05	Amount 10.00			
Full Name of Contributor James McCoy Jr						Registration Number, if PAC			
Street Address 1076 Juneau Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Akron	State OH	Zip Code 44320	M 07	D 01	Y 05	Amount 20.00			
Full Name of Contributor Alice Williams						Registration Number, if PAC			
Street Address 5445 Kenwood Road #402			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Cincinnati	State OH	Zip Code 45227	M 06	D 24	Y 05	Amount 10.00			
Full Name of Contributor Richard Termuhlen, II						Registration Number, if PAC			
Street Address 495 Columbia Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Columbus	State OH	Zip Code 43209	M 06	D 24	Y 05	Amount 35.00			
Full Name of Contributor Alice J Williams						Registration Number, if PAC			
Street Address 5445 Kenwood Road #402			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Cincinnati	State OH	Zip Code 45227	M 06	D 24	Y 05	Amount 50.00			

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peebles for Judge									
Full Name of Contributor Ted Barrows						Registration Number, if PAC			
Street Address 4834 Sarasota Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Hilliard		State OH		Zip Code 43026		M 0	D 7	Y 2005	Amount 100.00
Full Name of Contributor David Peterson						Registration Number, if PAC			
Street Address 4551 Huckleberry Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Hilliard		State OH		Zip Code 43026		M 0	D 7	Y 112005	Amount 30.00
Full Name of Contributor Bonnie Finneran						Registration Number, if PAC			
Street Address 5400 Deforest Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus		State OH		Zip Code 43232		M 0	D 7	Y 112005	Amount 10.00
Full Name of Contributor Deanna Keppler						Registration Number, if PAC			
Street Address 465 S Parkview Ave Apt 22			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Bexley		State OH		Zip Code 43209		M 0	D 7	Y 112005	Amount 10.00
Full Name of Contributor Jackie Keller						Registration Number, if PAC			
Street Address 248 Maplewood Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Whitehall		State OH		Zip Code 43213		M 0	D 7	Y 118005	Amount 10.00
Full Name of Contributor Arvella Simpson						Registration Number, if PAC			
Street Address 1308 Augmont Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus		State OH		Zip Code 43207		M 0	D 7	Y 118005	Amount 10.00
Full Name of Contributor Barbara Williams						Registration Number, if PAC			
Street Address 1113 South James Road #23			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus		State OH		Zip Code 43227		M 0	D 7	Y 118005	Amount 10.00
Full Name of Contributor Roxanne Tyree						Registration Number, if PAC			
Street Address 6635 Elm Park Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Galloway		State OH		Zip Code 43119		M 0	D 7	Y 118005	Amount 10.00

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Statement of Contributions Received

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Name of Committee in Full Committee to Elect Andra Peoples for Judge									
Full Name of Contributor Josephine L. Frazier						Registration Number, if PAC			
Street Address 1145 Wionna Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH		Zip Code 45224		M 08	D 04	Y 05	Amount 100.00
Full Name of Contributor Stephanie L. Anderson						Registration Number, if PAC			
Street Address 675 Sheridan Av			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43209		M 08	D 04	Y 05	Amount 25.00
Full Name of Contributor Sherrie J Passmore						Registration Number, if PAC			
Street Address 431 Whitley Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna		State OH		Zip Code 43230		M 08	D 02	Y 05	Amount 50.00
Full Name of Contributor E. Scott Shaw Attorney at Law						Registration Number, if PAC			
Street Address 500 S. Front Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43215		M 07	D 27	Y 05	Amount 100.00
Full Name of Contributor McCord + Akamine L.L.P.						Registration Number, if PAC			
Street Address 844 S. Front Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43206		M 07	D 28	Y 05	Amount 500.00
Full Name of Contributor Katherine M. Foulke						Registration Number, if PAC			
Street Address 5610 Buxley Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State OH		Zip Code 43081		M 07	D 25	Y 05	Amount 10.00
Full Name of Contributor Anne M. Murray						Registration Number, if PAC			
Street Address 1594 Cambridge Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43212		M 07	D 14	Y 05	Amount 10.00
Full Name of Contributor Karen Lowry						Registration Number, if PAC			
Street Address 2420 Larkfield			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH		Zip Code 45222		M 08	D 05	Y 05	Amount 100.00

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Statement of Contributions Received

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Name of Committee in Full Committee to Elect Andrea Peebles for Judge									
Full Name of Contributor Carmen R. Cordova						Registration Number, if PAC			
Street Address 733 Grandon Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bexley		State OH		Zip Code 43209		M 1	D 0	Y 5	Amount 30.00
Full Name of Contributor Paula V. Deming						Registration Number, if PAC			
Street Address 886 Middlebury Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Worthington		State OH		Zip Code 43085		M 1	D 0	Y 5	Amount 25.00
Full Name of Contributor Colette A Yates						Registration Number, if PAC			
Street Address 273 Weydon Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Worthington		State OH		Zip Code 43085		M 1	D 0	Y 5	Amount 10.00
Full Name of Contributor Barbara J. Seckler						Registration Number, if PAC			
Street Address 274 Westwood Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code		M 1	D 0	Y 7	Amount 50.00
Full Name of Contributor Kevin L Boyce for City Council Committee						Registration Number, if PAC			
Street Address 250 West Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code		M 0	D 6	Y 12	Amount 100.00
Full Name of Contributor Stephanie Howell						Registration Number, if PAC			
Street Address 5516 Cary Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43232		M 0	D 7	Y 2	Amount 20.00
Full Name of Contributor Joan Harris-Graves						Registration Number, if PAC			
Street Address 3323 Braewood Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH		Zip Code 45241		M 0	D 7	Y 2	Amount 250.00
Full Name of Contributor Si Sokol						Registration Number, if PAC			
Street Address 2346 Fishinger Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43221		M 0	D 7	Y 2	Amount 250.00

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Statement of Contributions Received

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Name of Committee in Full Committee to Elect Andrea Peoples for Judge									
Full Name of Contributor Tammi Johnson						Registration Number, if PAC			
Street Address 5465 Longworth Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Columbus		State OH		Zip Code 43016		M 0		D 18	
						Y 05		Amount 10.00	
Full Name of Contributor Betty J. McCray						Registration Number, if PAC			
Street Address 6313 Elwynne			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH		Zip Code		M 11		D 08	
						Y 05		Amount 25.00	
Full Name of Contributor Kent Markus						Registration Number, if PAC			
Street Address 5636 Indian Hill Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dublin		State OH		Zip Code 43017		M 11		D 05	
						Y 05		Amount 200.00	
Full Name of Contributor Jeffrey Berndt Attorney at Law						Registration Number, if PAC			
Street Address 575 S. High St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43215		M 11		D 13	
						Y 05		Amount 50.00	
Full Name of Contributor Franklin County Democratic Lawyers PAC						Registration Number, if PAC			
Street Address 1141 S High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43206		M 11		D 13	
						Y 05		Amount 1250.00	
Full Name of Contributor Christopher J. Minnillo						Registration Number, if PAC			
Street Address 1500 W Third Ave Suite 400			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43212		M 11		D 13	
						Y 05		Amount 100.00	
Full Name of Contributor J. Odell Seals						Registration Number, if PAC			
Street Address 6579 Rosemont Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Mason		State OH		Zip Code 45040		M 11		D 15	
						Y 05		Amount 100.00	
Full Name of Contributor Willa Garner						Registration Number, if PAC			
Street Address 6311 Elwynne Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH		Zip Code 45236		M 11		D 14	
						Y 05		Amount 35.00	

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Page Total \$ 1770

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrew Peebles for Judge									
Full Name of Contributor Jane A Peebles						Registration Number, if PAC			
Street Address 6401 Stoll Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati	State OH	Zip Code 45236	M 0	D 8	Y 2005	Amount 125.00			
Full Name of Contributor Columbus/Central Ohio Bldg & Construction Trades Council PAC						Registration Number, if PAC LA1214			
Street Address 555 E. Rich St. #217			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 1805	Amount 500.00			
Full Name of Contributor Angela Radney						Registration Number, if PAC			
Street Address 7776 Cheriton Cir			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 8	Y 1105	Amount 25.00			
Full Name of Contributor Linda L. Childs-Jeter						Registration Number, if PAC			
Street Address 1033 Adams St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati	State OH	Zip Code 45215	M 0	D 8	Y 1105	Amount 50.00			
Full Name of Contributor Shunflica Smith						Registration Number, if PAC			
Street Address 4066 N 8th Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Milwaukee	State WI	Zip Code 53209	M 0	D 8	Y 11405	Amount 50.00			
Full Name of Contributor Preston Stearns						Registration Number, if PAC			
Street Address 1020 Matterhorn Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 8	Y 01605	Amount 50.00			
Full Name of Contributor Marchelle Moore						Registration Number, if PAC			
Street Address 7918 Slate Ridge Boulevard			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 8	Y 21805	Amount 20.00			
Full Name of Contributor Erica Gartner						Registration Number, if PAC			
Street Address 2086 Ridgeview Rd D			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 21805	Amount 10.00			

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peebles for Judge									
Full Name of Contributor Barbara B Bond						Registration Number, if PAC			
Street Address 1201 Edgecliff Pl. Apt 1022			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Cincinnati		State OH	Zip Code 45206		M 0	D 9	Y 01	Amount 100.00	
Full Name of Contributor Leroy Browning						Registration Number, if PAC			
Street Address 709 B Waycross Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Cincinnati		State OH	Zip Code 45240		M 0	D 9	Y 01	Amount 25.00	
Full Name of Contributor Ellen Barker						Registration Number, if PAC			
Street Address 5036 Grant Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Merrillville		State IN	Zip Code 46410		M 0	D 9	Y 05	Amount 50.00	
Full Name of Contributor Richard E Graham						Registration Number, if PAC			
Street Address 315 Blandford Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Worthington		State OH	Zip Code 43085		M 0	D 9	Y 07	Amount 100.00	
Full Name of Contributor Ethel Bates						Registration Number, if PAC			
Street Address 6400 Stoll Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City Cincinnati		State OH	Zip Code 45236		M 0	D 9	Y 07	Amount 65.00	
Full Name of Contributor Calvin Peebles						Registration Number, if PAC			
Street Address 6401 Stoll Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash			
City Cincinnati		State OH	Zip Code 45236		M 0	D 9	Y 07	Amount 10.00	
Full Name of Contributor Annie Todd						Registration Number, if PAC			
Street Address 3771 Woodford Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Cincinnati		State OH	Zip Code 45213		M 0	D 8	Y 11	Amount 75.00	
Full Name of Contributor K. Sue Foley						Registration Number, if PAC			
Street Address 4898 Sharon Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check			
City Columbus		State OH	Zip Code 43214		M 0	D 8	Y 11	Amount 135.00	

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Page Total \$ 560.00

Statement of Contributions Received

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Name of Committee in Full Committee to Elect Andrea Peebles for Judge									
Full Name of Contributor Richard A. Cordray						Registration Number, if PAC			
Street Address 4900 Grove City Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City		State OH		Zip Code 43123		M 0	D 9	Y 0	Amount 150.00
Full Name of Contributor John J. Kulewicz						Registration Number, if PAC			
Street Address 2104 Yorkshire Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43221		M 0	D 9	Y 1	Amount 200.00
Full Name of Contributor Janet Jackson						Registration Number, if PAC			
Street Address 2865 Castlewood Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43209		M 0	D 9	Y 1	Amount 500.00
Full Name of Contributor Ohio + Vicinity Reg. Council South Central Office PAC						Registration Number, if PAC LA416			
Street Address 1394 Courtright Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43227		M 0	D 9	Y 2	Amount 500.00
Full Name of Contributor Timothy Harildstad						Registration Number, if PAC			
Street Address 7199 Havens Corners Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick		State OH		Zip Code 43004		M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor Carpenters Local Union # 200						Registration Number, if PAC			
Street Address 1545 Alum Creek Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Columbus		State OH		Zip Code 43209		M 0	D 9	Y 2	Amount 500.00
Full Name of Contributor Clarence Frazier						Registration Number, if PAC			
Street Address 1145 Wionna Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH		Zip Code 45224		M 0	D 6	Y 0	Amount 100.00
Full Name of Contributor M. Elizabeth Gill						Registration Number, if PAC			
Street Address 65 E. State Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) gh-line CC		
City Columbus		State OH		Zip Code 43215		M 0	D 9	Y 0	Amount 250.00

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Page Total \$ 2300.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peoples for Judge									
Full Name of Contributor Sharon D Johnson						Registration Number, if PAC			
Street Address 5065 Paddock Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH	Zip Code 45237		M 0	D 8	Y 0	Amount 50.00	
Full Name of Contributor Regina C. Sylvester						Registration Number, if PAC			
Street Address 6318 Elwynne			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH	Zip Code 45236		M 0	D 8	Y 2	Amount 25.00	
Full Name of Contributor Kristen Brown						Registration Number, if PAC			
Street Address 1489 Oakbourne Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Worthington		State OH	Zip Code 43235		M 0	D 8	Y 2	Amount 400.00	
Full Name of Contributor Victoria Brown						Registration Number, if PAC			
Street Address 7400 Laurel Oak Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH	Zip Code 45237		M 0	D 8	Y 2	Amount 250.00	
Full Name of Contributor Catherine Girves						Registration Number, if PAC			
Street Address 2300 Indianola Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43202		M 0	D 8	Y 2	Amount 150.00	
Full Name of Contributor Calvin Peeples						Registration Number, if PAC			
Street Address 6401 Stoll Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH	Zip Code 45236		M 0	D 8	Y 3	Amount 60.00	
Full Name of Contributor William Jones						Registration Number, if PAC			
Street Address 142 Winston Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Hamilton		State OH	Zip Code 45013		M 0	D 9	Y 0	Amount 500.00	
Full Name of Contributor Almeta L. Fulgham-Bronson						Registration Number, if PAC			
Street Address 6324 Elwynne Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH	Zip Code 45236		M 0	D 9	Y 0	Amount 100.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1535.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrew Peebles for Judge									
Full Name of Contributor Deborah S. Frye						Registration Number, if PAC			
Street Address 5700 Matuka Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43232		M 0	D 9	Y 08	Amount 20.00	
Full Name of Contributor Ted Barrows						Registration Number, if PAC			
Street Address 4834 Sarasota Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard		State OH	Zip Code 43026		M 0	D 9	Y 18	Amount 450.00	
Full Name of Contributor Anne M Murray						Registration Number, if PAC			
Street Address 1594 Cambridge Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43212		M 0	D 9	Y 15	Amount 25.00	
Full Name of Contributor Debora Halbert						Registration Number, if PAC			
Street Address 3539 Olentangy Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43214		M 0	D 9	Y 26	Amount 50.00	
Full Name of Contributor Jeffrey Bennington						Registration Number, if PAC			
Street Address 508 Spinghollow Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Circleville		State OH	Zip Code 43113		M 0	D 9	Y 22	Amount 100.00	
Full Name of Contributor Marcella G Trice						Registration Number, if PAC			
Street Address 4016 Tamworth Cir			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Cincinnati		State OH	Zip Code 45213		M 0	D 9	Y 20	Amount 50.00	
Full Name of Contributor Zenobia M Ridgell						Registration Number, if PAC			
Street Address 2739 Stillwater Lake Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Marietta		State GA	Zip Code 30066		M 0	D 9	Y 19	Amount 300.00	
Full Name of Contributor Richard Graham						Registration Number, if PAC			
Street Address 15484 Court Village Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Money Order		
City		State	Zip Code		M 0	D 9	Y 18	Amount 25.00	

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Page Total \$ 1020.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrew Peebles for Judge													
Full Name of Contributor Charles C Postlewaite LLC						Registration Number, if PAC							
Street Address 3040 Riverside Drive, Suite 122			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43221		M 09		D 08		Y 05		Amount 200.00	
Full Name of Contributor Helen M. Ninos						Registration Number, if PAC							
Street Address 891 Dark Star Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Gahanna		State OH		Zip Code 43230		M 09		D 08		Y 05		Amount 35.00	
Full Name of Contributor Elois Caulton						Registration Number, if PAC							
Street Address 7632 Pacific Hills Ave Apt 204			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Las Vegas		State NV		Zip Code 89128		M 09		D 03		Y 05		Amount 25.00	
Full Name of Contributor Vernetta Louise Lewis						Registration Number, if PAC							
Street Address 1804 Crest Hill			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Cincinnati		State OH		Zip Code 45237		M 09		D 07		Y 05		Amount 20.00	
Full Name of Contributor Jacquelyn W. McCray						Registration Number, if PAC							
Street Address 6307 Ridgewood			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Pine Bluff		State AR		Zip Code 71603		M 09		D 05		Y 05		Amount 50.00	
Full Name of Contributor Richard F. Hunter						Registration Number, if PAC							
Street Address 4025 Diehl Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Cincinnati		State OH		Zip Code 45236		M 09		D 08		Y 05		Amount 50.00	
Full Name of Contributor Alma Butler						Registration Number, if PAC							
Street Address 1346 Roosevelt Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City GARY		State IN		Zip Code 46404		M 09		D 11		Y 05		Amount 10.00	
Full Name of Contributor Janice Jones						Registration Number, if PAC							
Street Address 581 Columbia Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Hamilton		State OH		Zip Code 45013		M 09		D 17		Y 05		Amount 50.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peebles for Judge									
Full Name of Contributor Elizabeth Rarey						Registration Number, if PAC			
Street Address 8001 Worthington Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Galena		State OH		Zip Code 43021		M 09		D 23	
						Y 05		Amount 20.00	
Full Name of Contributor L. D. Scott						Registration Number, if PAC			
Street Address 409 Kennedy Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Money Order		
City Monticello		State AR		Zip Code 71655		M 09		D 14	
						Y 05		Amount 243.84	
Full Name of Contributor L. D. Scott						Registration Number, if PAC			
Street Address 409 Kennedy Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Money Order		
City Monticello		State AR		Zip Code 71655		M 09		D 14	
						Y 05		Amount 36.00	
Full Name of Contributor David Pritchard						Registration Number, if PAC			
Street Address 1351 W First Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Columbus		State OH		Zip Code 43212		M 09		D 27	
						Y 05		Amount 100.00	
Full Name of Contributor Philomena M. Dane						Registration Number, if PAC			
Street Address 4250 Rowanne Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43214		M 09		D 27	
						Y 05		Amount 100.00	
Full Name of Contributor Greg R Wehrer						Registration Number, if PAC			
Street Address 514 W 3rd Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43201		M 09		D 29	
						Y 05		Amount 100.00	
Full Name of Contributor Patrick Delaney						Registration Number, if PAC			
Street Address 2308 Lackey Meadows Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Delaware		State OH		Zip Code 43015		M 09		D 29	
						Y 05		Amount 100.00	
Full Name of Contributor Michael L Silberstein						Registration Number, if PAC			
Street Address 1088 Fountain Lane Apt. F			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Columbus		State OH		Zip Code 43213		M 10		D 01	
						Y 05		Amount 100.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ **799.84**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peebles for Judge									
Full Name of Contributor Jane Peebles						Registration Number, if PAC			
Street Address 6401 Stoll Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Cincinnati		State 011	Zip Code 45236		M 016	D 215	Y 015	Amount 90.00	
Full Name of Contributor Susan Ashbrook						Registration Number, if PAC			
Street Address 2994 Crescent Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State 014	Zip Code 43204		M 110	D 119	Y 015	Amount 50.00	
Full Name of Contributor Geraldine Vaughn						Registration Number, if PAC			
Street Address 2045 Greenwood Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Akron		State 014	Zip Code 44320		M 080	D 090	Y 015	Amount 40.00	
Full Name of Contributor Patsy Ann Thomas						Registration Number, if PAC			
Street Address 5689 Plum Orchard Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State 014	Zip Code 43213		M 110	D 114	Y 015	Amount 100.00	
Full Name of Contributor Doris Frye						Registration Number, if PAC			
Street Address 6390 Lamberton Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Middletown		State 014	Zip Code 45044		M 110	D 117	Y 015	Amount 150.00	
Full Name of Contributor Mary Sylvester						Registration Number, if PAC			
Street Address 6316 Elwynne Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State 014	Zip Code 45236		M 110	D 117	Y 015	Amount 25.00	
Full Name of Contributor Veda Wilburn						Registration Number, if PAC			
Street Address 2713 Spinners Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Chesapeake		State VA	Zip Code		M 019	D 012	Y 015	Amount 100.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	

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Page Total \$ 555.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>Committee to Elect Andrea Peebles for Judge</u>									
Full Name of Contributor <u>Contributions from Form 31-E</u>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
					0	6	2	3	05
								572.50	
Full Name of Contributor <u>Contribution from Form 31-E</u>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
					0	6	3	0	05
								150.00	
Full Name of Contributor <u>Contribution from Form 31-E</u>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
					0	9	2	1	05
								355.00	
Full Name of Contributor <u>Contribution from Form 31-E</u>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
					0	9	1	3	05
								1000.00	
Full Name of Contributor <u>Contribution from Form 31-E</u>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
					1	0	1	8	05
								925.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 3002.50

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peebles for Judge						
Full Name of Contributor Kelly O'Reilly Anzelmo			Registration Number, if PAC			
Street Address 446 Howland Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 23	Amount 35.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc) check			
Full Name of Contributor Greg Wehrer			Registration Number, if PAC			
Street Address 514 W 3rd Ave	Employer/Occupation/Labor Organization*		M 0	D 6	Y 23	Amount 35.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc) check			
Full Name of Contributor Cara C. Orr			Registration Number, if PAC			
Street Address 139 Westview Avenue	Employer/Occupation/Labor Organization*		M 0	D 6	Y 23	Amount 35.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc) check			
Full Name of Contributor Jennifer S. Thompson, Attorney at Law			Registration Number, if PAC			
Street Address 7482 Vista Lake Way	Employer/Occupation/Labor Organization*		M 0	D 6	Y 23	Amount 35.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc) check			
Full Name of Contributor The Brunner Firm Co., LPA			Registration Number, if PAC			
Street Address 545 East Town Street	Employer/Occupation/Labor Organization*		M 1	D 1	Y 1	Amount 35.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check			
Full Name of Contributor Ira B Sully Attorney at Law			Registration Number, if PAC			
Street Address 844 South Front Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 23	Amount 17.50
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc) check			
Full Name of Contributor Natalie Trishman			Registration Number, if PAC			
Street Address 110 N Third St. Unit 204	Employer/Occupation/Labor Organization*		M 0	D 6	Y 23	Amount 25.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) check			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 182.50

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Committee to Elect Andrea Peebles for Judge			
Full Name of Contributor		Registration Number, if PAC	
Sherri Lynn Gaffey			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
4790 E. Livingston		0	6 2 3 0 5 10.00
City	State Zip Code	Form(Cash, Check, etc)	
Columbus	0 1 4 43227	Cash	
Full Name of Contributor		Registration Number, if PAC	
Greg Wehrer			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
514 W 3rd Ave		0	6 2 3 0 5 10.00
City	State Zip Code	Form(Cash, Check, etc)	
Columbus	0 1 4 43201	Cash	
Full Name of Contributor		Registration Number, if PAC	
Kristen Brown			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1489 Oakbourne Drive		0	6 2 3 0 5 10.00
City	State Zip Code	Form(Cash, Check, etc)	
Columbus	0 1 4 43235	Cash	
Full Name of Contributor		Registration Number, if PAC	
Corwin Smith			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
8241 Long Horn		0	6 2 3 0 5 10.00
City	State Zip Code	Form(Cash, Check, etc)	
Powell	0 1 4 43065	Cash	
Full Name of Contributor		Registration Number, if PAC	
Dyango A Snell			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1681 Carstare Dr		0	6 2 3 0 5 35.00
City	State Zip Code	Form(Cash, Check, etc)	
Columbus	0 1 4 43227	Check	
Full Name of Contributor		Registration Number, if PAC	
William A. Thorman			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
255 W Schreyer Pl		0	6 2 3 0 5 35.00
City	State Zip Code	Form(Cash, Check, etc)	
Columbus	0 1 4 43214	Check	
Full Name of Contributor		Registration Number, if PAC	
Tonya McCreary Williams			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
854 South Waverly Street		0	6 2 3 0 5 35.00
City	State Zip Code	Form(Cash, Check, etc)	
Columbus	0 1 4 43227	Check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 145.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>Committee to Elect Andrea Peebles for Judge</u>					
Full Name of Contributor <u>Daniel B Miller</u>			Registration Number, if PAC		
Street Address <u>8241 Longhorn Road</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>6</u>	Y <u>05</u>
City <u>Powell</u>	State <u>OH</u>	Zip Code <u>43065</u>	Amount <u>35.00</u>		
Form (Cash, Check, etc) <u>check</u>					
Full Name of Contributor <u>Lesley Ashworth</u>			Registration Number, if PAC		
Street Address <u>306 Kenbrook Dr</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>6</u>	Y <u>05</u>
City <u>Worthington</u>	State <u>OH</u>	Zip Code <u>43085</u>	Amount <u>35.00</u>		
Form (Cash, Check, etc) <u>check</u>					
Full Name of Contributor <u>Lori McCaughan</u>			Registration Number, if PAC		
Street Address <u>5492 Red Bank Road</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>6</u>	Y <u>05</u>
City <u>Galena</u>	State <u>OH</u>	Zip Code <u>43001</u>	Amount <u>35.00</u>		
Form (Cash, Check, etc) <u>check</u>					
Full Name of Contributor <u>Sarah M Schregardus</u>			Registration Number, if PAC		
Street Address <u>1621 Aschinger Blvd</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>6</u>	Y <u>05</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43212</u>	Amount <u>35.00</u>		
Form (Cash, Check, etc) <u>check</u>					
Full Name of Contributor <u>Kristen Brown</u>			Registration Number, if PAC		
Street Address <u>1489 Oakbourne Road</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>6</u>	Y <u>05</u>
City <u>Worthington</u>	State <u>OH</u>	Zip Code <u>43235</u>	Amount <u>35.00</u>		
Form (Cash, Check, etc) <u>check</u>					
Full Name of Contributor <u>Kristen Brown</u>			Registration Number, if PAC		
Street Address <u>1489 Oakbourne Road</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>6</u>	Y <u>05</u>
City <u>Worthington</u>	State <u>OH</u>	Zip Code <u>43235</u>	Amount <u>20.00</u>		
Form (Cash, Check, etc) <u>check</u>					
Full Name of Contributor <u>Jeremy D Seidt</u>			Registration Number, if PAC		
Street Address <u>139 Westview Ave</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>6</u>	Y <u>05</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43214</u>	Amount <u>35.00</u>		
Form (Cash, Check, etc) <u>check</u>					

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 230.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>Committee to Elect Andrew Peebles for Judge</u>							
Full Name of Contributor <u>John M Jackson</u>			Registration Number, if PAC				
Street Address <u>7000 Cardinal Place</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>0</u>	Zip Code <u>14 43017</u>	<u>0</u>	<u>6</u>	<u>2</u>	<u>3</u>
				Form(Cash,Check,etc) <u>Cash</u>		<u>5.00</u>	
Full Name of Contributor <u>Elizabeth Laudeman</u>			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	<u>0</u>	<u>6</u>	<u>2</u>	<u>3</u>
				Form(Cash,Check,etc) <u>Cash</u>		<u>10.00</u>	
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

572.50

Total expenditures this event

0

Page Total \$ 15.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Committee to Elect Andrea Peeples for Judge							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Aaron E Markel				0	6	30	25.00
Street Address		City		Form(Cash,Check,etc)			
9540 Shawnee Trail		Powell		check			
State		Zip Code		Registration Number, if PAC			
OH		43065					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
J. Jason Click				0	6	30	25.00
Street Address		City		Form(Cash,Check,etc)			
1415 Doten Avenue		Columbus		Check			
State		Zip Code		Registration Number, if PAC			
OH		43212					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Erin Neville				0	6	30	25.00
Street Address		City		Form(Cash,Check,etc)			
7582 Gordon Circle		Columbus		Check			
State		Zip Code		Registration Number, if PAC			
OH		43206					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Jeremy Dodgion Attorney at Law				0	6	30	50.00
Street Address		City		Form(Cash,Check,etc)			
1188 S. High Street		Columbus		Check			
State		Zip Code		Registration Number, if PAC			
OH		43206					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Adam H. Trantner				0	6	30	25.00
Street Address		City		Form(Cash,Check,etc)			
5507 Albany Wood Ct		New Albany		check			
State		Zip Code		Registration Number, if PAC			
OH		43054					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		City		Form(Cash,Check,etc)			
State		Zip Code		Registration Number, if PAC			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		City		Form(Cash,Check,etc)			
State		Zip Code		Registration Number, if PAC			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

150.00

0

Page Total \$ 150.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peeples for Judge					
Full Name of Contributor Steven Larson				Registration Number, if PAC	
Street Address 518 N. Park Street		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43215	Y	Amount 50.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Harry R Reinhart				Registration Number, if PAC	
Street Address 400 S. Fifth Street		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43215	Y	Amount 50.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor I.B.E.W. - C.O.P.E.				Registration Number, if PAC	
Street Address 900 Seventh		Employer/Occupation/Labor Organization*		M	D
City Washington		State D	Zip Code 20001	Y	Amount \$250.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Daniel B Miller				Registration Number, if PAC	
Street Address 8241 Longhorn Road		Employer/Occupation/Labor Organization*		M	D
City Powell		State OH	Zip Code 43065	Y	Amount 50.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Stephen L. McIntosh				Registration Number, if PAC	
Street Address 799 Nob Hill Drive		Employer/Occupation/Labor Organization*		M	D
City Gahanna		State OH	Zip Code 43230	Y	Amount 50.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor David J Levoff				Registration Number, if PAC	
Street Address 244 Collins Avenue		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43215	Y	Amount 100.00
				Form (Cash, Check, etc)	
Full Name of Contributor Richard C. Pfeiffer, Jr				Registration Number, if PAC	
Street Address 238 E. Royal Forest Blvd		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43214	Y	Amount 350.00
				Form (Cash, Check, etc)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 900.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>Committee to Elect Andrew Peebles for Judge</u>					
Full Name of Contributor <u>Lawrence A Riehl</u>			Registration Number, if PAC		
Street Address <u>500 S. Front Street</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>	Y <u>13</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form(Cash, Check, etc) <u>Check</u>		Amount <u>100.00</u>
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash, Check, etc)		Amount

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 100.00

1000.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>Committee to Elect Andrea Peebles for Judge</u>					
Full Name of Contributor <u>Russell Goodwin</u>			Registration Number, if PAC		
Street Address <u>103 E. First Ave</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>	Y <u>05</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43201</u>	Form (Cash, Check, etc) <u>check</u>		Amount <u>30.00</u>
Full Name of Contributor <u>Katherine M Thomsen</u>			Registration Number, if PAC		
Street Address <u>5138 N. High St</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>	Y <u>05</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43214</u>	Form (Cash, Check, etc) <u>check</u>		Amount <u>20.00</u>
Full Name of Contributor <u>Fraternal Order of Police</u>			Registration Number, if PAC		
Street Address <u>520 S. High Street</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>	Y <u>05</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc) <u>check</u>		Amount <u>100.00</u>
Full Name of Contributor <u>Richard B Tennant</u>			Registration Number, if PAC		
Street Address <u>1724 Ivyhill Loop N</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>	Y <u>05</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43229</u>	Form (Cash, Check, etc) <u>check</u>		Amount <u>25.00</u>
Full Name of Contributor <u>Anna Firestone</u>			Registration Number, if PAC		
Street Address <u>204 E Royal Forest Bl</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>	Y <u>05</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43214</u>	Form (Cash, Check, etc) <u>check</u>		Amount <u>50.00</u>
Full Name of Contributor <u>Sara Ernest</u>			Registration Number, if PAC		
Street Address <u>271 S Champion Ave</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>	Y <u>05</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43205</u>	Form (Cash, Check, etc) <u>check</u>		Amount <u>25.00</u>
Full Name of Contributor <u>Lorie L. McCaughan</u>			Registration Number, if PAC		
Street Address <u>5492 Red Bank Road</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>	Y <u>05</u>
City <u>Galena</u>	State <u>OH</u>	Zip Code <u>43021</u>	Form (Cash, Check, etc) <u>check</u>		Amount <u>25.00</u>

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 275.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>Committee to Elect Andrea Peeples for Judge</u>						
Full Name of Contributor <u>Donald J Geiner</u>			Registration Number, if PAC			
Street Address <u>4025 Angola Road</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>	Y <u>21</u>	Amount <u>35.00</u>
City <u>Toledo</u>	State <u>OH</u>	Zip Code <u>43615</u>	Form(Cash,Check,etc) <u>Check</u>			
Full Name of Contributor <u>Steve Billups</u>			Registration Number, if PAC			
Street Address <u>2909 Fenwood Drive</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>	Y <u>21</u>	Amount <u>25.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43232</u>	Form(Cash,Check,etc) <u>Cash</u>			
Full Name of Contributor <u>Bill Truax</u>			Registration Number, if PAC			
Street Address <u>171 E. Livingston Avenue</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>	Y <u>21</u>	Amount <u>20.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form(Cash,Check,etc) <u>Cash</u>			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event
\$ 355.00

Total expenditures this event
0

Page Total \$ 80.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>Comm. Htee to Elect Andrea Peoples for Judge</u>				
Full Name of Contributor <u>Jeffrey S Furbee</u>			Registration Number, if PAC	
Street Address <u>969 Woodhill Dr</u>	Employer/Occupation/Labor Organization*		M <u>1</u> <u>0</u>	D <u>1</u> <u>8</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43212</u>	Y <u>0</u> <u>5</u>	Amount <u>50.00</u>
Form(Cash,Check,etc) <u>check</u>				
Full Name of Contributor <u>Timothy Mangan</u>				
Street Address <u>873 Falkirk Ct</u>			Registration Number, if PAC	
City <u>Pickerington</u>	Employer/Occupation/Labor Organization*		M <u>1</u> <u>0</u>	D <u>1</u> <u>8</u>
State <u>OH</u>	Zip Code <u>43147</u>	Y <u>0</u> <u>5</u>	Amount <u>25.00</u>	
Form(Cash,Check,etc) <u>check</u>				
Full Name of Contributor <u>Iron Workers Local 172 Political Contributing Entity</u>				
Street Address <u>2867 S. High Street</u>			Registration Number, if PAC	
City <u>Columbus</u>	Employer/Occupation/Labor Organization*		M <u>1</u> <u>0</u>	D <u>1</u> <u>8</u>
State <u>OH</u>	Zip Code <u>43207</u>	Y <u>0</u> <u>5</u>	Amount <u>500.00</u>	
Form(Cash,Check,etc) <u>check</u>				
Full Name of Contributor <u>Columbus Firefighters Union L-67 PAC Fund</u>				
Street Address <u>1380 Dublin Road Suite 103</u>			Registration Number, if PAC <u>LA 839</u>	
City <u>Columbus</u>	Employer/Occupation/Labor Organization*		M <u>1</u> <u>0</u>	D <u>1</u> <u>1</u>
State <u>OH</u>	Zip Code <u>43215</u>	Y <u>0</u> <u>5</u>	Amount <u>250.00</u>	
Form(Cash,Check,etc) <u>check</u>				
Full Name of Contributor <u>Fraternal Order of Police Political Education Fund</u>				
Street Address <u>520 S. High Street</u>			Registration Number, if PAC	
City <u>Columbus</u>	Employer/Occupation/Labor Organization*		M <u>1</u> <u>0</u>	D <u>1</u> <u>8</u>
State <u>OH</u>	Zip Code <u>43215</u>	Y <u>0</u> <u>5</u>	Amount <u>100.00</u>	
Form(Cash,Check,etc) <u>check</u>				
Full Name of Contributor				
Street Address			Registration Number, if PAC	
City	Employer/Occupation/Labor Organization*		M	D
	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				
Full Name of Contributor				
Street Address			Registration Number, if PAC	
City	Employer/Occupation/Labor Organization*		M	D
	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

925.00

Total expenditures this event

0

Page Total \$ 925.00

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peeples for Judge			
Full Name of Contributor Andrea Peeples		Employer, Occupation, Labor Organization *	
Street Address 5596 Winsor Woods		Description of Item or Service Postage	
City Columbus		State OH Zip Code 43230 Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Andrea Peeples		Employer, Occupation, Labor Organization *	
Street Address 5596 Winsor Woods		Description of Item or Service Postage	
City Columbus		State OH Zip Code 43230 Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Bill Hedrick		Employer, Occupation, Labor Organization *	
Street Address 838 Thorber Drive w. #22		Description of Item or Service Charity Benefit	
City Columbus		State OH Zip Code 43215 Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor In-kind Contributions received at fundraising event of \$250 or less		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State Zip Code Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor In-kind Contributions received at fundraising event of \$250 or less		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State Zip Code Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor In-kind Contributions received at fundraising event of \$250 or less		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State Zip Code Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor In-kind Contributions received at fundraising event of \$250 or less		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State Zip Code Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor In-kind Contributions received at fundraising event of \$250 or less		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		State Zip Code Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Andrea Peoples for Judge					
Full Name Calvin L. Peoples			Registration Number, if PAC		
Address 6401 Stoll Lane	Type* L N		M 0	D 8	Y 05
			Amount 7,500.00		
City Cincinnati	State OH	Zip Code 45236	Form (Cash, Check, etc) Check		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
			Amount		
City	State	Zip Code	Form (Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
			Amount		
City	State	Zip Code	Form (Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
			Amount		
City	State	Zip Code	Form (Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
			Amount		
City	State	Zip Code	Form (Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
			Amount		
City	State	Zip Code	Form (Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
			Amount		
City	State	Zip Code	Form (Cash, Check, etc)		
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
			Amount		
City	State	Zip Code	Form (Cash, Check, etc)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 7500.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Andrea Peebles for Judge							
To Whom Paid Huntington Bank				M	D	Y	Amount
				0	6	15	20.00
Address 41 S. High Street		Purpose Service Fees					
City Columbus	State OH	Zip Code 43215	Check Number N/A				
To Whom Paid Whitehall Community Celebration Association				M	D	Y	Amount
				0	6	20	50.00
Address 4519 St. Ann Lane		Purpose Parade Entry Fee					
City Whitehall	State OH	Zip Code 43213	Check Number 1018				
To Whom Paid Graphic T's				M	D	Y	Amount
				0	6	20	1098.99
Address 532 R Main Street		Purpose T-Shirts					
City Groveport	State OH	Zip Code 43230	Check Number 1019				
To Whom Paid SBC				M	D	Y	Amount
				0	6	20	30.88
Address		Purpose Telephone					
City Saginaw	State MI	Zip Code 48663	Check Number 1020				
To Whom Paid Megan Kilgore - MNK + Associates				M	D	Y	Amount
				0	6	20	153.06
Address 685 Kerr Street		Purpose Reimbursement for miscellaneous Supplies					
City Columbus	State OH	Zip Code 43215	Check Number 1021				
To Whom Paid SBC				M	D	Y	Amount
				0	7	20	30.88
Address		Purpose Telephone					
City Saginaw	State MI	Zip Code 48663	Check Number 1022				
To Whom Paid Megan Kilgore - Megan Kilgore + Associates				M	D	Y	Amount
				0	8	08	118.08
Address 685 Kerr Street		Purpose Reimbursement for miscellaneous expenses					
City Columbus	State OH	Zip Code 43215	Check Number 1024				
To Whom Paid Andrea Peebles				M	D	Y	Amount
				0	9	23	998.11
Address 5596 Winsor Woods		Purpose Reimbursement for printing					
City Columbus	State OH	Zip Code 43230	Check Number 1025				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee to Elect Andrew Peebles for Judge</u>							
To Whom Paid <u>JM Cleary Promotional Products</u>				M	D	Y	Amount <u>1354.69</u>
Address <u>1511 Northwest Blvd</u>		Purpose <u>Yard Signs</u>					
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43212</u>	Check Number <u>1026</u>				
To Whom Paid <u>Andrea Peebles</u>				M	D	Y	Amount <u>356.00</u>
Address <u>5596 Winsor Woods</u>		Purpose <u>Reimbursement for Postage</u>					
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43230</u>	Check Number <u>1027</u>				
To Whom Paid <u>Buckeye Printing & Mailing Services Inc.</u>				M	D	Y	Amount <u>2,264.59</u>
Address <u>217 North Grant Avenue</u>		Purpose <u>Literature & Mailing</u>					
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>	Check Number <u>1028</u>				
To Whom Paid <u>SBC</u>				M	D	Y	Amount <u>105.00</u>
Address		Purpose <u>Telephone</u>					
City <u>Saginaw</u>	State <u>MI</u>	Zip Code <u>48663</u>	Check Number <u>1029</u>				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				

Page Total \$ 4080.34

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Elect Andrew Peebles for Judge												
From Whom Received Calvin Peebles								Prior Amount 7500.00		Amt. Incurred this Period 7500.00		
Address 6401 Stoll Lane										Outstanding Balance 15000.00		
City Cincinnati		State OH		Zip Code 45236		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
03		16	05	08	08	05		7500.00				6
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State		Zip Code		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period		
Address										Outstanding Balance		
City		State		Zip Code		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 7,500.00
- Total received this period \$ 7,500.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0 (also record on Form 31-B)
- Total Outstanding Balance \$ 15000.00 (To Form No. 30-A)